Committee Office Franking Certification Form

Commission on Congressional Mailing Standards

U.S. House of Representatives

1338 Longworth House Office Building Washington, DC 20515

Telephone: Majority (202) 225-9337; Minority (202) 225-2061 Fax: Majority (202) 226-0047; Minority (202) 225-7664

G	enera	l Certifications:				
		I herby certify that the attached material submitted for review is being submitted in actual size and color or the material is an advertisement (newspaper, poster, sign, banner, etc.) and is being submitted true to scale and in actual color.				
	I hereby certify that, to the best of my knowledge, the attached material submitted for masthead design, slogans, photographs or facsimiles thereof contained in the campai campaign promises or pledges of a Member or political party.					
I hereby certify that this mailing is ordinary and necessary to the conduct of the normal and regular busin committee.				normal and regular business of the		
Εl	ectio	n Certifications:				
		PLEASE COMPLETE THESE C	ERTIFICATIONS ONLY IF	YOU ARE SUBMITTING	MATERIAL FOR REVIEW WHICH WILL BE	
1.	DISTRIBUTED AS A MASS MAILING/COMMUNICATION DURING THE 90 DAYS PRIOR TO AN ELECTION IN WHICH THE MEMBER WHO DISTRIBUTING THE MATERIAL (OR AT WHOSE DIRECTION IT IS BEING DISTRIBUTED) IS A CANDIDATE FOR PUBLIC OFFICE;					
		AND/OR				
2.	THE MEMBER INTO WHOSE DISTRICT, TERRITORY, OR COMMONWEALTH THE MATERIAL WILL BE DISTRIBUTED IS A CANDIDATE FUBLIC OFFICE.					
☐ I hereby certify that this material will not be distributed as a mass m				s a mass mailing/comm	ng/communication.	
				, or commonwealth of the Member who is distributing this mass g distributed), the name of said Member will not appear on the ballot		
		O Primary Election,	O General Election,	O Runoff Election	O Special Election	
	C	I hereby certify that under the laws of the State, territory, or commonwealth of t commonwealth this mass mailing/communication will be distributed, the name in the next:				
		O Primary Election,	O General Election,	O Runoff Election	O Special Election	
		Signature of Staff Contact			Date signed: MM/DD/YEAR	
		o.g.mai v vi omai				
		Name of Staff Contact (Please print or type)				
		Title of Staff Contact (Please print or type)				
		Name of Con	nmittee (Please print or type)			